

Student Information Sheet

Name: _____ Phone: _____

Preferred form of address (nickname, etc.): _____

Local Address: _____

Computer skills: _____

Prior or current work experience(s) related to the course:

- What aspect(s) of class are you most looking forward to?

- Least looking forward to?

- Anything else I should know that may help or impede your learning in this class?

Hobbies: _____